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Review Article

Mental Health Challenges due to Health Care Discrimination among Transgender Youth: A Selective Review

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Abstract: Background: Transgender youth face various difficulties including mental health due to discrimination in healthcare settings because of their gender orientation. This review investigates the mental health of transgender youth and health care discrimination leading to inadequate health care.

Materials and Methods: The study complied with the latest publications using PRISMA reporting guidelines. For the selective review, 19 articles were selected over the last five years (between 2017 and 2022) which were primarily focused on mental health challenges and lack of health care due to health care discrimination among transgender youth. The study included publications at a global level, citing the global articles first, followed by Asia. The study only took into account biological and/or non-biological factors for the young transgender community, including both male and female factors.

Result: All 19 articles confirmed the positive significance of the Mental Health of the transgender youth community due to discrimination meanwhile, 08 articles mainly indicated about lack of healthcare or unfair healthcare in settings due to being transgender along with mental health concerns. This review identified the differences in mental health and discrimination that the transgender population faces.

Conclusion: As a reform, lower levels of depression and suicidality have been associated with social transition and having access to gender-affirming medical treatment. However, policies affecting this young transgender minority, who experience mental and social prejudice, must be changed. Multilevel intervention should also be advocated to address both of these severe issues.

Keywords: Mental health, Transgender youth, Health care discrimination, Gender-affirming, Sexual assault, Stigma.

INTRODUCTION

Transgender individuals encounter pervasive bias, akin to experiences faced by these communities, significantly impacting their overall health and well-being [1]. Disturbingly, transgender youth endure denied medical care and endure physical, verbal, or sexual assault within healthcare settings, illustrating the extent of discrimination they face [2]. Such neglect or delays in care exacerbate mental health issues among transgender individuals [3], leading to inappropriate treatment or missed chances for preventive care [4]. The evidence highlights that discrimination during medical seeking is a prevalent issue for transgender individuals, yet it is essential to recognize the diverse experiences within transgender populations. Reports suggest that 10%-30% of transgender individuals lack access to healthcare services [4], further compounding the challenges they face. Moreover, gender-nonconforming children may eventually identify differently from their assigned gender, highlighting societal non-acceptance and stigmatization faced by transgender individuals.

The Institute of Medicine emphasizes the health disparities faced by transgender people, highlighting the broad spectrum of transgender identities, such as cross-dressers, non-binary/gender queer individuals, transgender men, and transgender women [5]. However, locating transgender respondents for studies remains challenging due to the enduring stigma associated with their identity [6]. Ensuring timely utilization of personal health services to achieve optimal outcomes, defines the critical issue of accessing healthcare [7]. Recent research delving into the unique healthcare experiences of transgender individuals reveals significant variations between different subgroups based on gender identity and expression. For instance, transgender men, fearing prejudice, were twice as likely as transgender women to delay necessary medical care [8].

While discrimination emerges as a prominent challenge in existing studies, gender dysphoria, characterized by distress arising from a mismatch between one's assigned gender and identity, may contribute to various health issues [9], indicating the mental health struggles within the transgender community. Studies consistently report a high prevalence of self-reported emotional and behavioral difficulties, as well as mental health diagnoses, among transgender youth [10]. To comprehensively review the mental health challenges and healthcare disparities due to Health care discrimination among transgender youth, we conducted a selective review of the available literature.

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MATERIALS AND METHODS

This selective review was carried out to investigate the mental health of transgender youth and the lack of health care due to health care discrimination. The review followed an updated PRISMA (Preferred Reporting Items for Selective Reviews and Meta-Analyses) reporting criteria demonstrated in Fig. (**1**).

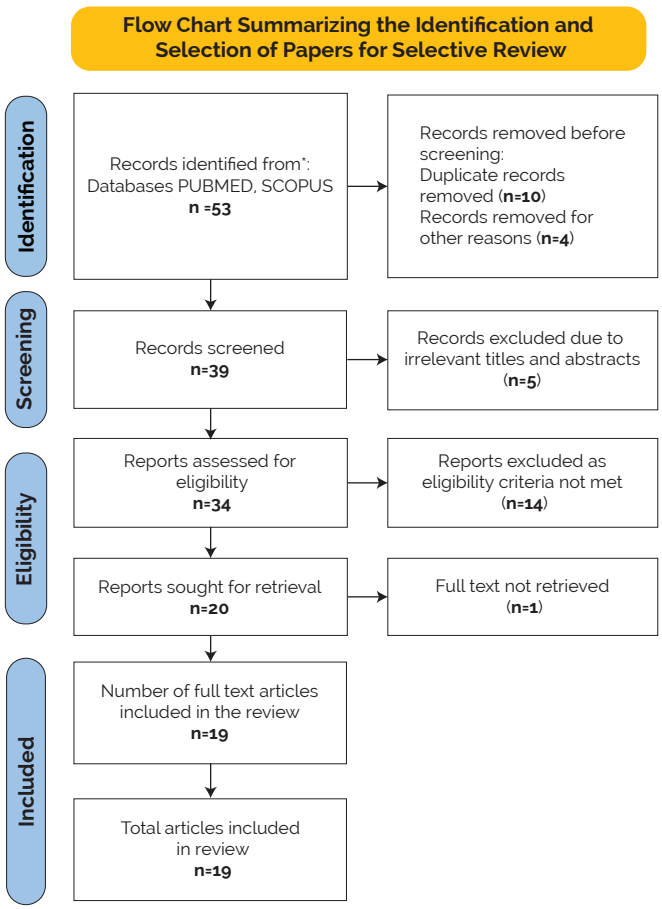

Fig. (1). PRISMA for Selective Review, Flow Chart Summarizing the Identification and Selection of Papers for Selective Review.

Eligibility Criteria

The review was undertaken to synthesize systematically the evidence from published research studies written only on transgender youth community that were peer reviewed, the articles that were published in English, and those studies that met eligibility requirements were included in the final report. The publications selected were 19 articles published between 2017 and 2023. Although publications linked to social variables were not included in the study, the selected articles were mostly focused on the mental health challenges of the transgender youth community. For the study we selected case control, retrospective cohort, cross-sectional, review articles, prospective cohort studies. Meanwhile, study reports, incident reports, and any articles with sample sizes of fewer than 30 were disregarded from the study.

Information Sources

After utilizing the above-mentioned eligibility criteria, an electronic selective literature search was performed using electronic databases, Google Scholar, Scopus and PubMed on the transgender community and was focused and taken into consideration for the study; articles consisted of less than 30 participants. As the recent studies on transgender were found less, therefore Web-Based Survey was also considered for the study.

The process of selecting study publications was done through manual method, without the utilization of any automated tools and references were verified. The selected articles were exclusively in the English language. While, the chosen papers originated from various regions around the globe were not limited to a specific region. The order of citation followed a sequence of global articles first, followed by those specific to Asia. The study only took into account biological and/or non-biological factors for the young transgender community, including both male and female factors.

Search Strategy

The research articles were scrutinized using a sequence of search terms and their combinations chosen based on the proposed research question. The search strategy used the following keywords which are:

Non-Binary OR Transgender Stigma OR Transgender Health AND Mental Health of Transgender, OR Depression in Transgender OR Mental challenges of Transgender OR Problems of Transgender community OR Youth Transgender Mental Health OR Current Mental Health of Transgender OR Psychological Concerns among Transgender OR Psychological Issues of Trans Men OR Psychological Challenges to Trans Women OR Societal Discrimination against Transgender OR Trans Gender Disparity OR Psycho-Social Challenges in Transgender Community OR Trans phobia OR Queer OR Disparities among Trans Youth OR Trans Gender Biasness OR Cisgender Biasness OR Health Disparities among Trans Community OR Trans Community AND Emotional Stress OR Discrimination among Trans Youth OR Transgender Suicides OR Depression among Transgender OR Transgender Suicides due to Discrimination. OR Trans Binary Gender OR LGBTQ [Title/Abstract]

Study Selection

The selection of the studies was based on their titles, abstracts, eligibility requirements, and key findings, and factors including age, gender, and the mental health youth. Since this area of research has not been thoroughly explored, only 53 studies were retrieved and based on the eligibility criteria 19 related articles were finally selected. Table **1** summarizes the characteristics of the studies extracted for the selective review.

Table 1. Characteristics of the Studies included in the Selective Review (n=19).

Author	Year	Country/Region	Study Design	Sample Size	Target Population	Age
Luisa Kcomta, *et al*. [6]	2020	United States of America	Transgender Survey Multivariable logistic regression analysis	19,157	Transgender Youth	25 to 64 years
Jaclyn MW Hughto, *et al*. [7]	2022,	Northeastern United States	A survey assessing demographics, knowledge /attitudes toward transgender-related policies, and mental health. Multivariable logistic regression models	580	Transgender Adults.	18 years or older,
Yurie Igarash, *et al*. [8]	2022	United States	Online survey. Multiple regression analysis	180	TGE individuals,	Above 18 years old
Jaimie F. Veale, *et al*. [9]	2016	Canada	Online survey with nonprobability sample	923	Transgender youth	Age subgroups (14–18 and 19–25).
Becerra,Culqui, *et al*. [10]	2018	Georgia, Northern California, and Southern California	Electronic Medical Record (EMR)–based retrospective and prospective cohort study	2164	Trans feminine and Trans masculine	Children (3–9 years old) and adolescents (10–17 years old)
Iram Manzoor, *et al*. [11]	2020	Pakistan	Analytical cross-sectional study Snow ball method used by identifying gurus and sanghat	214	Transgender community	Irrespective of age
Amy Rosenwohl *et al*. [12]	2020	United States	web based survey, non-probability sampling technique	259	Intersex adults	18 and older
Myeshia Price-Feeney *et al*. [13]	2019	United States	Cross Sectional study, Convenient sampling method (recruitment through two social media facebook & instagram platform with prior consent	34,808,	Transgender and non-binary youth.	13 to 24 years
YuanfangChen, *et al*. [14]	2020	China	Cross sectional study, Logistic regression analysis	250	Transgender women	Mean age of 27.9 years
Lee, H., Tomita *et al*. [15]	2017	South Korea	Cross-sectional Survey, non-probability sampling	207	Transgender adults (transmen or women)	19 years or older
Kristie L. Seelman *et al*. [16]	2017	United States	Cross sectional study, secondary data	417	Transgender adults	
Amanda Rodriguez *et al*. [17]	2017	District of Columbia, Puerto Rico, Guam, and the U.S. Virgin Islands	Cross-sectional, Data were obtained from the National Transgender Discrimination Survey Binary logistic regressions	6106	Transgender adults	18 and above
Paul Stainier *et al*. [18]	2023	India	Qualitative description research. Descriptive analyses	70	Transgender students of 5th and 7th semester of BS	18 and above
Shanna K. Kattari, *et al*. [19]	2020	United States	United States Trans Survey USTS,largest survey of this population to date. Online convenience sampling and purposive sampling.	27,715,	Transgender adults	18 and above

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Laura E. Kuper *et al*. [20]	2018	United States	Cross-sectional prediction of three suicide-related outcomes, online survey primarily through postings on Tumblr and Facebook	1896	TGNC, Transgender and Gender Nonconforming Youth and Young Adults,	14–30 years
Logan S. Casey *et al*. [21]	2019	United States	National, probability-based telephone survey	489	LGBTQ Adults	18 years and older
Sarah P. Carter *et al*. [22]	2019	United States	Cross-Sectional survey, online national convenience sample	298	transgender veterans	Older than 18 years
Ana Rabasco *et al*. [23]	2021	United States and similar regions	Longitudinal study, cross-sectional Sub reddits, on Reddit.com, an online social networking website	180,	5% transgender women, 76.7% Caucasian, TGD adults.	M age = 26.01 years
Sav Zwickl, *et al*. [24]	2021	Australia	Cross-sectional online survey non-probability snowball sampling approach	928	trans adults,	18 years or older

Table 2. Key Findings on Mental Health Challenges and Lack of Health Care due to Health Care Discrimination (n=19).

Author	Prevalence of Mental Health Challenges	Risk Factors	Key Findings
LuisaKcomta, *et al*. [6]	Mental health-care avoidance	Healthcare discrimination	Transgender men face 32% higher chances of avoiding healthcare due to expected discrimination compared to transgender women
Jaclyn MW Hughto, *et al*. [7]	Depression, anxiety, and post-traumatic stress disorder (ptsd).	Confusion about Protections under state law	In the study, 48.4% of participants expressed concern about their state that it would declare policies against transgender rights
Yurie Igarashi, *et al*. [8]	Depression, anxiety, and suicidality	Alienation, marginalization, and discrimination	The highest value F-value (9.23) from the multiple regression analysis, indicates a significant interaction between discrimination and psychological flexibility on internalized trans negativity among transgender and gender expansive (TGE) individuals
Jaimie F. Veale, *et al*. [9]	Mental health problems	Psychological distress, self-harm, major depressive episodes, and suicide.	The British Columbia Adolescent Health Survey revealed that transgender youth face a significantly higher risk of experiencing mental health issues. Shockingly, 65% of transgender individuals between the ages of 14 and 18 reported seriously contemplating suicide within the past year
Becerra,Culqui, *et al*. [10]	Mental health diagnoses	Attention deficit disorders and depressive disorders	The prevalence of attention deficit disorders among trans feminine individuals found 15%, while trans masculine individuals have a slightly higher rate of 16%. Depressive disorders are notably more common among trans feminine individuals, affecting around 49% of them, while trans masculine individuals experience an even higher rate of 62%
Iram Manzoor, *et al*. [11]	Depression and Anxiety	Marginalization, and discrimination	The common health problems were depression (56%), anxiety (59%)
Amy Rosenwohl, *et al*. [12]	Depression and Anxiety	Health disparities	53% reported fair/poor mental health
Myeshia Price-Feeney, *et al*. [13]	Mental health problems	Depressive mood, suicidal attempts	Transgender and non-binary adolescents reported elevated rates of depressive mood (83%), seriously contemplating suicide (54%), and attempting suicide (29%)

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Yuanfang Chen *et al*. [14],	Psychological distress	Suicidal ideation, and suicide attempt.	Transgender and non-binary teenagers have considerably higher rates of experiencing depressive mood (83%), seriously contemplating suicide (54%), and attempting suicide (29%) when compared to cisgender youth
Lee H. Tomita, *et al*. [15]	Internalized trans phobia and mental health	Depressive symptoms, suicidal ideation, and suicide attempts	24.0% women had mild psychological distress, 16.8% had moderate psychological distress, 26.8% had severe psychological distress, and 22.0% reported suicidal ideation and 25.6% had a prior suicide attempt
Kristie L. Seelman, *et al*.[16]	Delaying care and healthcare non-inclusiveness	Fear: connections to general health and mental health	People who postponed seeking healthcare due to concerns about facing bias were (B=−0.26, p<0.05) they had significantly higher odds of having a past year suicide attempt (3.81 times greater), and past year suicidal ideation (2.93 times greater) depression (3.08 times greater) in present
Amanda Rodriguez, *et al*. [17]	Self-reported discrimination in health-care settings based on recognizability	Discrimination in health-care settings	Transgender exhibited higher associations with discrimination in healthcare setting (OR 1.48) while, 15% had made a suicide attempt in the past 12 months
Paul Stainier, *et al*. [18]	Gender discrimination and mental health inequities	Non-normative behavior, depression, and mental health disorders	96% of transgender agreed that people discriminate them at the bases of gender 80% transgender confronted healthcare refusal
Shanna K. Kattari, *et al*. [19]	Mental health illness	Lack of respect due to bias and interaction with healthcare providers	37.1% transgender agreed to experience lack of respect from healthcare providers
Laura E. Kuper. [20]	Gender-related victimization and depressive symptoms	Suicide ideation risk and attempt	Recent suicide attempts, thoughts of suicide in the past year, and a combined measure of suicide risk were all influenced by significant gender-related victimization and depressive symptoms.
Logan S. Casey, *et al*. [21]	Mental health issues	Micro aggressions, and depression	Over 16% reported avoiding healthcare services because they anticipated facing discrimination, with transgender adults being even more affected at 22%. Additionally, 16% stated that they experienced discrimination during their healthcare encounters.
Sarah P. Carter, *et al*. [22]	Psychiatric illnesses	Discrimination and suicidal ideation	The significant positive association between discrimination and suicidal ideation at high levels of time spent with veterans is approximately 34%
Ana Rabasco, *et al*. [23]	Psychiatric problems and discrimination	Suicidal ideation	Approximately 42% (n = 75) of the sample reported attempting suicide in their lifetime and approximately 9% (n = 16) attempted suicide during the baseline and follow-up surveys
Sav Zwickl, *et al*. [24]	Psychiatric symptoms and disorders	Suicidal ideation	73% self-reported a lifetime diagnosis of depression, 63% reported previous self-harm, and 43% of the participants had attempted suicide in their lifetime.

Data Collection Process

Data collection involved the creation of a data extraction sheet, where relevant details from eligible full-text articles were recorded. The data extraction sheet encompassed essential parameters, such as the study's name and authors, publication year, study location or setting, design, study population, sample size, participants' age and gender, mental health challenges, risk factors, key findings, and the authors' conclusions. This systematic approach ensured that crucial information from each study was effectively summarized and organized for analysis.

RESULT

Out of the initial 53 English articles found in the search, 10 papers were excluded due to duplicate records in Google Scholar and PubMed. Additionally, four papers were not in line with the qualifying criteria as they did not adequately address the

primary focus of interest, which centered on transgender mental health outcomes. After careful evaluation, 39 papers remained for further analysis, with five of them being eliminated either because they were not by the systematic review nature or due to inadequate sample sizes. Moreover, 14 entries were excluded as eligibility criteria were not met and despite requesting full-text retrieval, four records could not be obtained.

The final selected 19 articles, published between January 2017 and December 2022, which were reviewed, the characteristics of these studies have been summarized in Table **1**. The majority of the research included in the review utilized cross-sectional study designs and online surveys, few were cohort studies and longitudinal studies. The target population in these studies was transgender youth of which 09 studies had the age of 18 years and above [7, 8, 12, 15, 17-19, 21, 22, 24], whereas only two studies had a minimum age of 13 years [13, 20].

In Table **2**, the comprehensive set of 19 studies highlighted the mental health issues and healthcare disparities faced by transgender youth on a global scale. Key findings from the studies indicated that transgender youth faced disproportionately higher risks of mental health issues such as depression, self-suffering, and suicide compared to cisgender individuals [14].

The prevalence of mental health issues among transgender individuals was found to be alarmingly high across different countries and regions. High prevalence of depression 83%, anxiety 59%, 63% reported previous self-harm and suicidal ideation 22% and 43% of attempted suicide were consistently prevalent concerns, impacting the well-being of transgender youth significantly [11, 13, 14, 23, 24]. In studies, a significant proportion (65%) of transgender youth reported seriously contemplating suicide within the past year. [9].

The risk factors contributing to these mental health challenges were frequently linked to discrimination, alienation, and marginalization. Transgender individuals often experienced discrimination and non-normative behaviors in healthcare settings, leading to healthcare avoidance and delays in seeking necessary medical attention. The fear of facing discrimination or non-inclusive healthcare practices was notably associated with higher odds of depression, suicide attempts, and suicidal ideation among transgender youths [16].

Analyzing the studies revealed a consistent pattern, indicating a significant and positive association between experiencing mental health challenge such as feelings of sadness, anxiety, bodily discomfort, dysphoria, and suicidal thoughts and the discrimination faced by transgender individuals [2-8, 10, 15, 17, 18]. Additionally, a notable number of studies indicated that transgender youth might avoid seeking medical attention or care due to the fear of discrimination in medical settings, stemming from concerns about being unaccepted due to their transgender identity, whether socially or biologically [1, 9, 11, 12, 13, 14, 16, 19].

Overall, these findings underscore the significant impact of discrimination on the mental health of transgender individuals, highlighting the need for improved support, understanding, and inclusivity within healthcare settings to address these challenges.

DISCUSSION

The cited articles have been enriched with mental health challenges and lack of health care due to health care discrimination among transgender youth as the study in the United States highlighted a significant interaction of discrimination and psychological flexibility on internalized trans negativity controlling for age [20]. On the other hand, another survey that explored the positive relations of gender manifestation with health insurance; however, the association of health insurance between gender identity/expression and healthcare avoidance among the US transgender youth community has also observed [5]. The agonizing stories have been in Canada too where significant risk of self-harm, mental distress, major depressive episodes, and suicide among transgender youth was reported [3]. Stress and anxiety and mental health challenges have also been reported in India where 96% of transgender agreed that people discriminate against them on the bases of gender and 80% of transgender agreed that health care issuers have refused to care [16]. Meanwhile, the study of Lahore revealed common health problems among Transgender were depression which was (56%) and anxiety (59%) [14]. A study explained attention deficit disorders (Trans feminine 15%; Trans masculine 16%) and depressive disorders (Trans feminine 49%; Trans masculine 62% [14]. The study on Transgender youth showed the prevalence of depressive mood 83%, suicide 54%, and 29% attempted suicide [14]. If we look into Korean Studies the eye-opening findings showed a high prevalence of mental illness and suicidal attempts [6]. There are various studies that examined healthcare avoidance due to discrimination similarly in a cross-sectional study of Virginia that showed significant association of trans-health care discrimination in a healthcare setting with OR 1.48 [19].

Numerous studies, including cohort, case-control, cross-sectional, and online surveys have indicated the societal partiality against transgender, cisgender, and trans-binary people and confirmed a negative impact on their physical and mental health. More mental health inequities affect this marginalized group of youth who have identified as trans genders. Compared to samples obtained from surveys conducted at educational institutes and public health centers, these discrepancies are more frequently found in community-based samples [25].

In some regions like the Caribbean, Africa, and the Middle East, there's a lack of information about transgender individuals, their lives, and their healthcare requirements. Despite this, it's widely known that transgender people face daily discrimination in many parts of the world. Society often perceives them as sexually deviant, morally flawed, unnatural, or mentally disordered [26]. This societal prejudice frequently leads to health and well-being issues due to the stress of being a minority [27].

They experience numerous physical and mental health problems. Issues like, housing, employment, and health care were all affected by widespread prejudice, which also had an impact on their socio-demographic makeup as a whole. Evident to it the term" psychopathologisation" is highlighted among scholars which reflects mental illnesses face significant stigma worldwide, with even greater challenges in low- and middle-income nations [28]. This stigmatization is amplified when it comes to gender incongruence, as it pathologies' transgender individuals' identities, making the associated stigma especially harmful [29-31]. The most frequent area where transgender people experienced prejudice was in the realm of health care. The most frequent mental health outcome evaluated were anxiety and depression, followed by suicidal ideation, attention deficit disorders, hyperactivity, psychiatric history, and self-harm. According to certain research, those who got gender-affirming medical care had both short-term and long-term gains in their psychological health. Studies indicated that transgender young individuals face a heightened risk of mental health difficulties [32]. Within this demographic, a crucial factor for building resilience is the presence of social support, both on an individual and community basis [33]. Specifically, the support from one's family has a significant impact on the mental well-being of transgender youth [34]. Certainly, various researches indicated that transgender young individuals encounter difficulties within their families when it comes to accepting their gender identity. This situation often forces them to navigate complex family dynamics while working to affirm their identity [35, 36].

However, being true to one's gender identity can come at a steep cost, as it may involve leaving the family home, thereby losing emotional and practical support which ultimately impacting transgender mental health. In some cases, this can lead to homelessness, as observed in some youth [37]. Regrettably, some youth even face physical and verbal abuse within their own families due to their gender identity [38] which make them more vulnerable to get healthcare and make them depressed and suicidal. Fearing the stigma and conflict, some young individuals may conceal their true gender identity, resulting in a feeling of living a life that doesn't align with their authentic self [35].

Even in more supportive families, the journey towards reconciling one's identity and relationships is a complex process [39]. These psychological challenges become double due to a disconnection between their gender expression and chosen names may find themselves unintentionally revealed or "outed"[40]. As transgender youths often change their first names, pronouns, hairstyles, and clothing. This transition process has been linked to improved mental well-being in transgender youth [41]. Many researchers conducted recently uncovered alarmingly high rates of suicidal thoughts and actions among transgender youth due to their present appearances and names [42, 43].

Where the bias is associated various factors the gender itself is become a challenge [44] as the limited yet expanding body of research indicates that gender-related mistreatment negatively affects the mental well-being of transgender individuals. While, the retrospective studies indicated that experiencing gender-related mistreatment throughout one's life could potentially be linked to the development of major depression [44].

However, Different forms of victimization, including gender-related abuse, have been linked to emotional suffering and impaired mental health functioning in various types of studies, such as qualitative investigations, cross-sectional analyses, and retrospective examinations, all involving gender-nonconforming communities [45-50].

Transgender individuals often face discrimination and mental health challenges, even within their families. Acceptance, understanding, and support can make a big difference in their lives and create a more compassionate society for everyone.

Overall, this selective review offers valuable insights into the mental health challenges and healthcare discrimination faced by transgender youth. However, it's essential to recognize these strengths and limitations when interpreting its findings and considering future research directions as this review focused on articles published within the last five years (between 2017 and 2022), ensuring that it captures the most up-to-date information, a thorough search strategy using various keywords and databases, including Scopus, PubMed, and Google Scholar, to collect a wide range of relevant articles, the consideration of studies from various regions globally, providing a broader perspective on the mental health challenges faced by transgender youth meanwhile the inclusion of different study designs, such as case-control, retrospective cohort, and cross-sectional studies, allowing for a comprehensive assessment of this sensitive topic.

The review disregarded articles with sample sizes of fewer than 30 participants, which may have excluded smaller-scale studies that could still provide valuable insight; meanwhile focusing on mental health challenges, the exclusion of articles related to social variables may have overlooked important contextual factors impacting transgender youth.

CONCLUSION

The review presented extensive comparisons across various gender identities and emphasized severity of disparities for psychological health, experienced by the transgender population. The social transition and access to medical care that is gender-affirming are linked to lower levels of sadness and suicidality. However, there is a need to reform the policies against this youth community of transgender who are facing discrimination mentally and socially by intervention at multilevel, legal protection measures at the federal and local levels, and training of health care professionals to address the psychological issues at a grass root level.

AUTHORS' CONTRIBUTION

Mehak Aqsa and Nida Shoaib: Conception and design of the study, Data Analysis, Manuscript writing.

Sameera Ali Rizvi: Data Analysis and critical analysis.

Manisha Juriasinghani and Muhammad Ismail Khan: Design of the study, Data collection, Data entry, and Data interpretation.

CONFLICT OF INTEREST

Declared none.

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